

WELCOME!

Learning Collaborative

Purpose:

- Support an inter-County learning community
- Increase collaboration and open communication
- Emphasize the importance of program components
- Showcase methods Counties are using to address statewide requirements at the local level

Agenda

- | | |
|----------|---------------------------------------------------------------------------------------------------------|
| 9:00 am | Welcome & Introduction
Kara Chung, MHSOAC |
| 9:10 am | Regulatory Context
Kara Chung, MHSOAC |
| 9:40 am | Systems Performance,
Research, & Quality
Evaluations
Dr. Sésha Zinn, Butte County |
| 11:10 am | Local/Statewide Value
& Resources
Dr. Brian Sala, MHSOAC |
| 11:25 am | Questions & Answers
Butte County & MHSOAC |
| 11:55 am | Follow-Up & Closing
Kara Chung, MHSOAC |

Contributors & Speakers

Butte County

Séscha Zinn, Psy.D
Systems Performance Research
& Evaluations Manager

MHSOAC

Kara Chung
Health Program Specialist

Marcus Galeste
Research Program Specialist

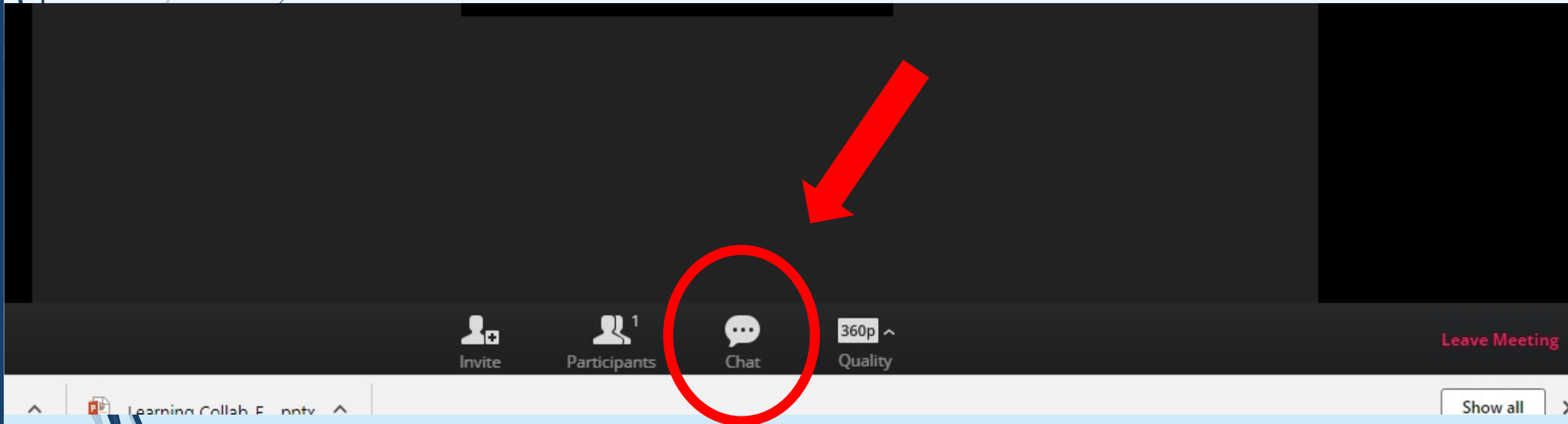
Kayla Landry
Program Analyst

Sharmil Shah, Psy.D
Chief of Program Operations

Brian Sala, Ph.D
Deputy Director, Evaluations & Program Operations

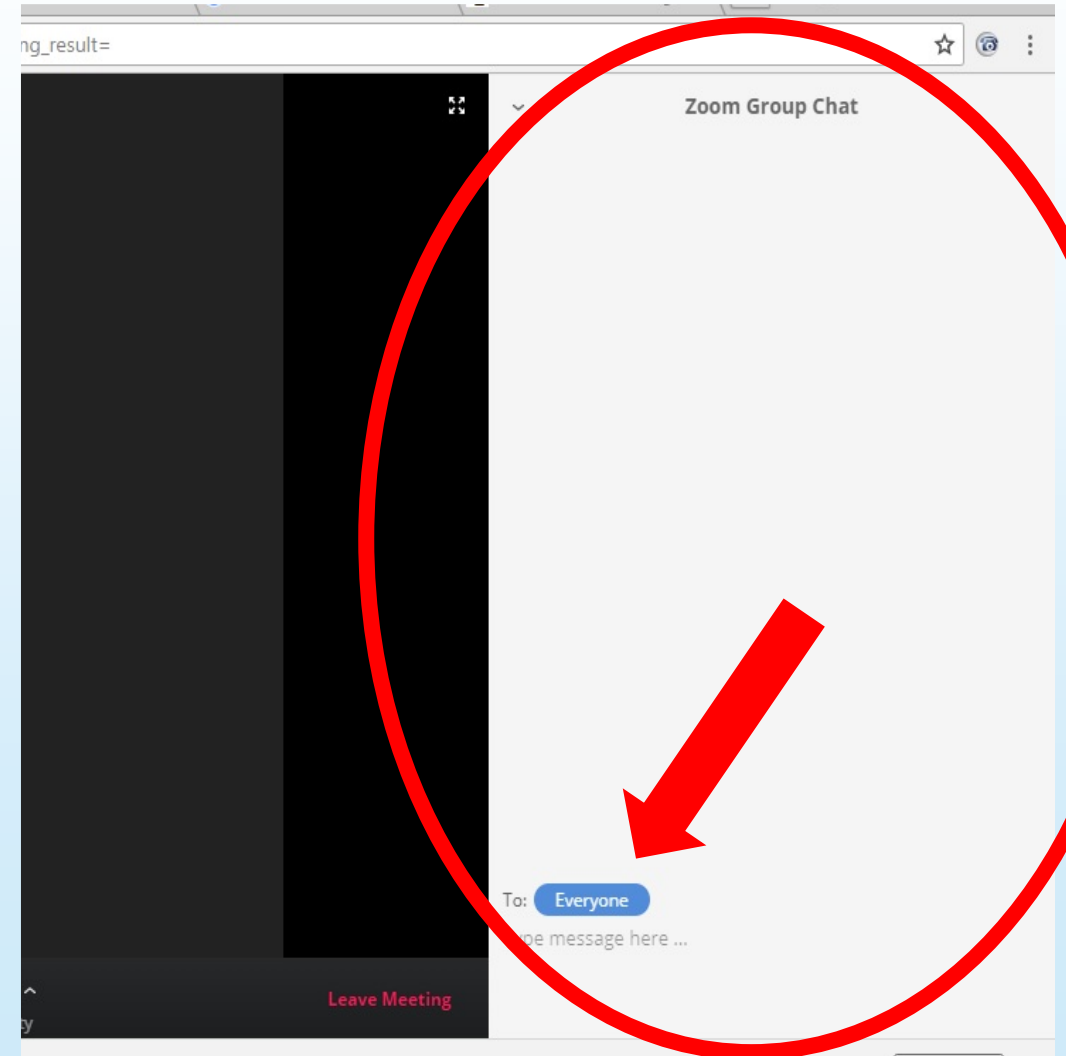
Asking Questions

- Move cursor towards bottom of screen to access icons
- Utilize “Chat” function to submit questions throughout the meeting



Asking Questions (continued)

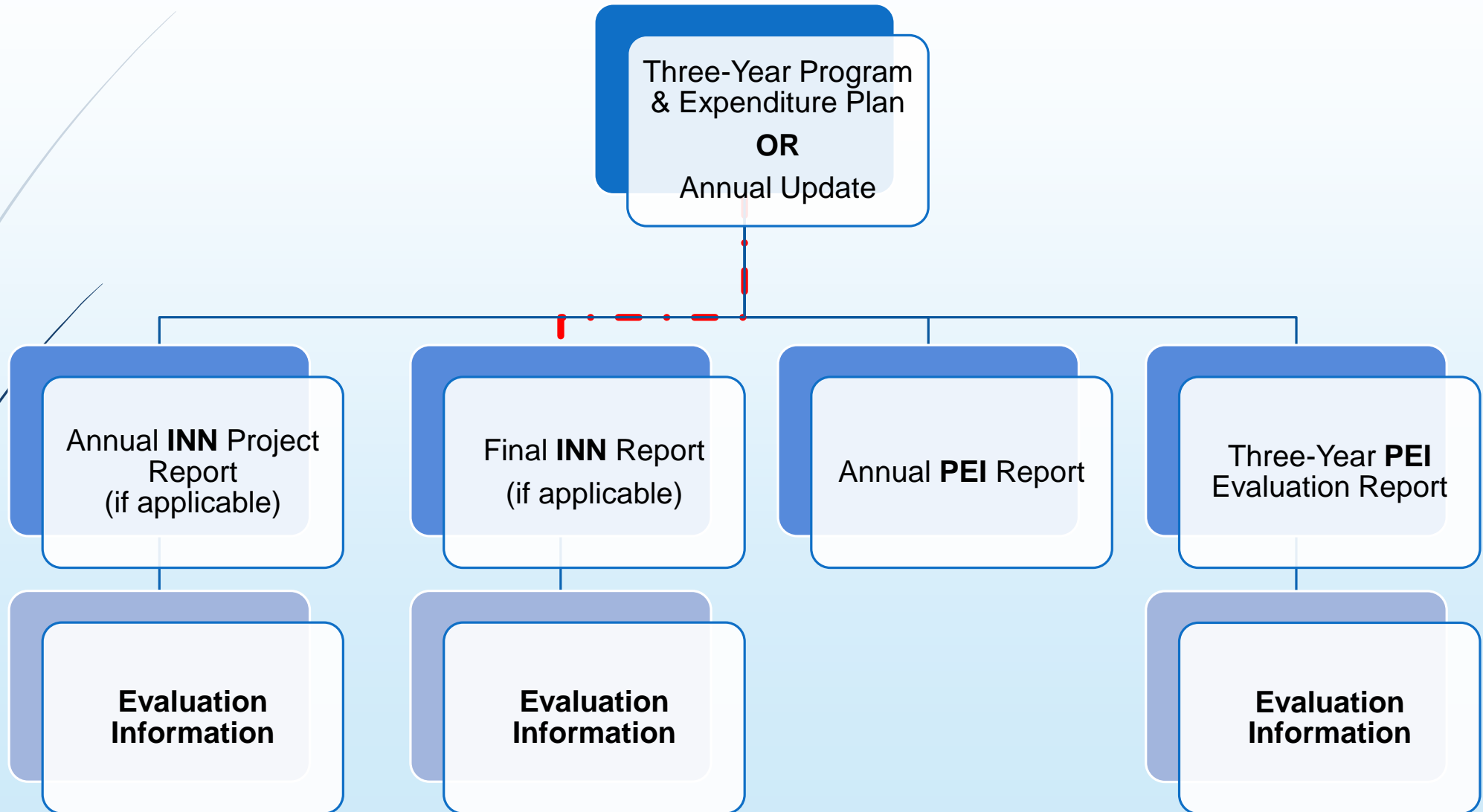
- Upon clicking on “Chat,” a window should appear, either as a side pane or pop-out
- Default setting will be “Everyone,” indicating your question will be viewable to all
 - Reduces redundancies
 - Encourages transparency
- To ask a private question to host, click on blue icon and select “Host only”
 - Recommended for technical or individualized questions



Evaluations in Program Reports

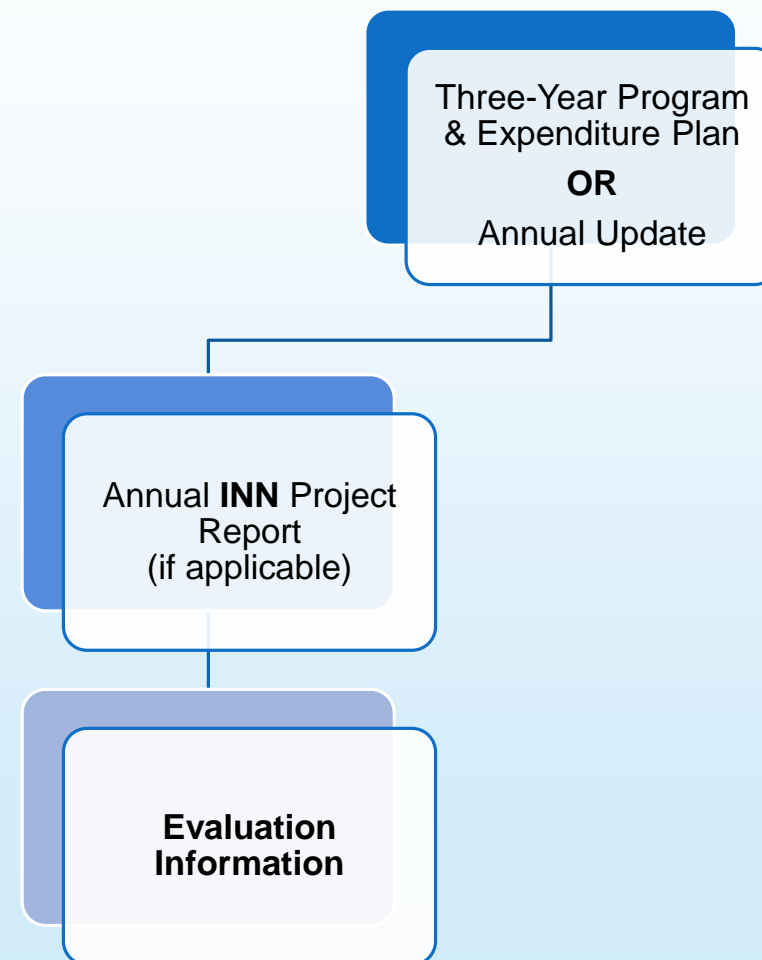
Mental Health Services Oversight & Accountability Commission (MHSOAC)
Program Operations Learning Collaborative
June 2018

Program Evaluation Reports



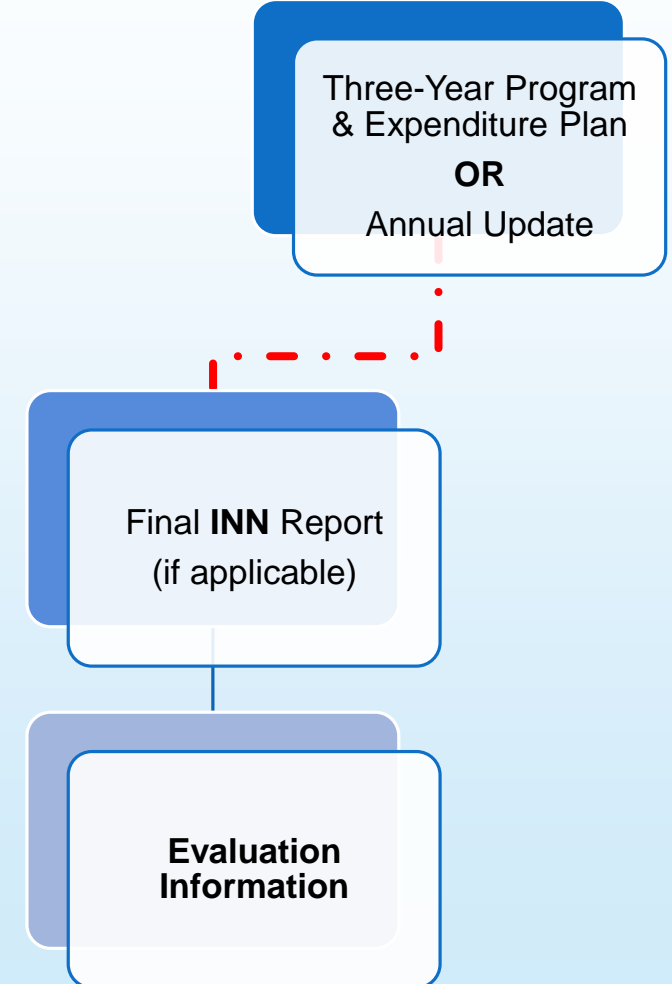
Annual Innovative Project Reports

- Section 3580(a)(1) & 3580.010
- How to Submit:
 - As part of the Three-Year Plan or Annual Update
- Include other requirements listed in regulations, for example:
 - Name of project
 - Changes made
 - Demographics
 - ... etc.
- **Evaluation Information (if available):**
 - **Outcomes related to primary purpose**
 - **Which elements contributed to outcomes**



Final Innovative Project Reports

- Section 3580(a)(2) & 3580.020
- How to Submit:
 - As part of the Three-Year Plan or Annual Update, OR
 - As a separate report within six (6) months of project completion(whichever is closest to completion date)
- Include other requirements listed in regulations
- **Evaluation Information:**
 - **Description of methodology**
 - **Outcomes related to primary purpose**
 - **Variations in outcomes based on demographics (if available)**
 - **Assessment of which activities/elements contributed to successful outcomes**
 - **Explanation of how evaluation was culturally competent**
 - **Explanation of how stakeholders contributed to the evaluation**



Annual PEI Program Reports

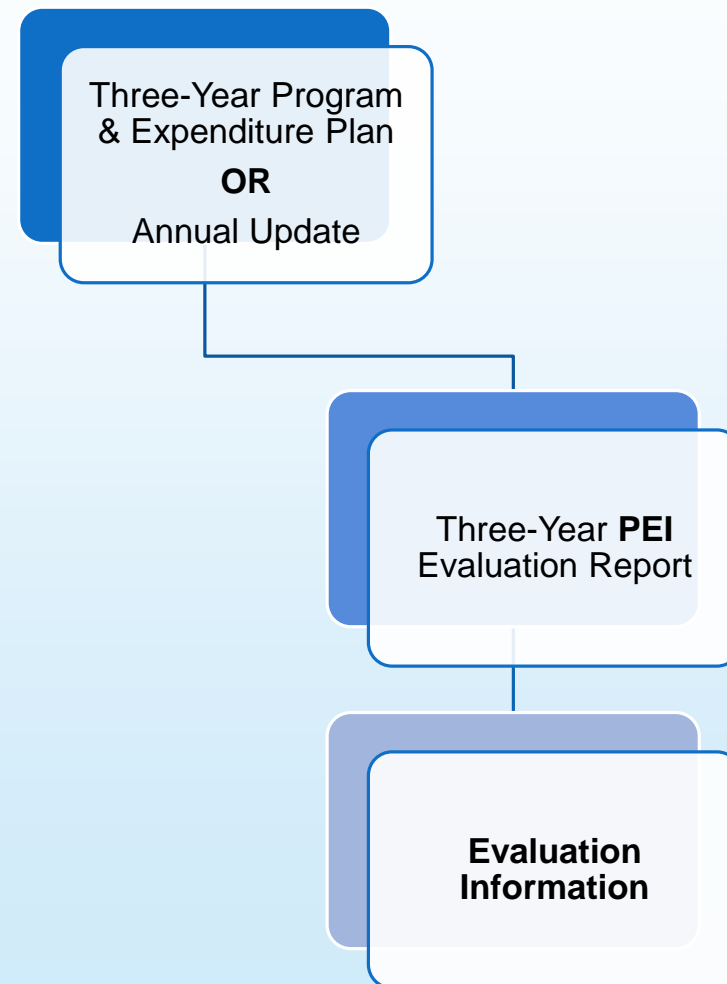
- Section 3560.010
- How to Submit:
 - As part of the next Three-Year Plan or Annual Update
 - Include other requirements listed in regulations (based on program type), for example:
 - Program name
 - Unduplicated number of individuals served (if P/EI Program)
 - Number of potential responders (if Outreach Program)
 - Identify specific underserved population (if Timely Access to Services Program)
 - ... etc.
- **Any other program information**

Three-Year Program
& Expenditure Plan
OR
Annual Update

Annual **PEI** Report

Three-Year PEI Evaluation Reports

- Section 3560.020 and Section 3750
- How to Submit:
 - As part of the next Three-Year Plan or Annual Update
- Include other requirements listed in regulations
- **Evaluation Information:**
 - **Outcomes and indicators selected**
 - Applies to Prevention, Early Intervention, Stigma & Discrimination Reduction, and Suicide Prevention Programs
 - **Approaches used to select outcomes and indicators for each program**
 - **Approaches used to collect data for each program**
 - **Approaches used to determine results of each program**
 - **How often data was collected for the evaluation of each program**
 - **Results and analysis evaluating the reduction of MHSA negative outcomes**



Systems Performance, Research, & Evaluations

- ➡ Sésha Zinn, Psy.D
Systems Performance Research & Evaluations Manager
Butte County Behavioral Health



MHSA PEI Data Implementation

Dr. Sésha Zinn, Psy.D.

System Performance Research & Evaluation (SPRE) Manager

Butte County Behavioral Health



WELLNESS • RECOVERY • RESILIENCE

Overview



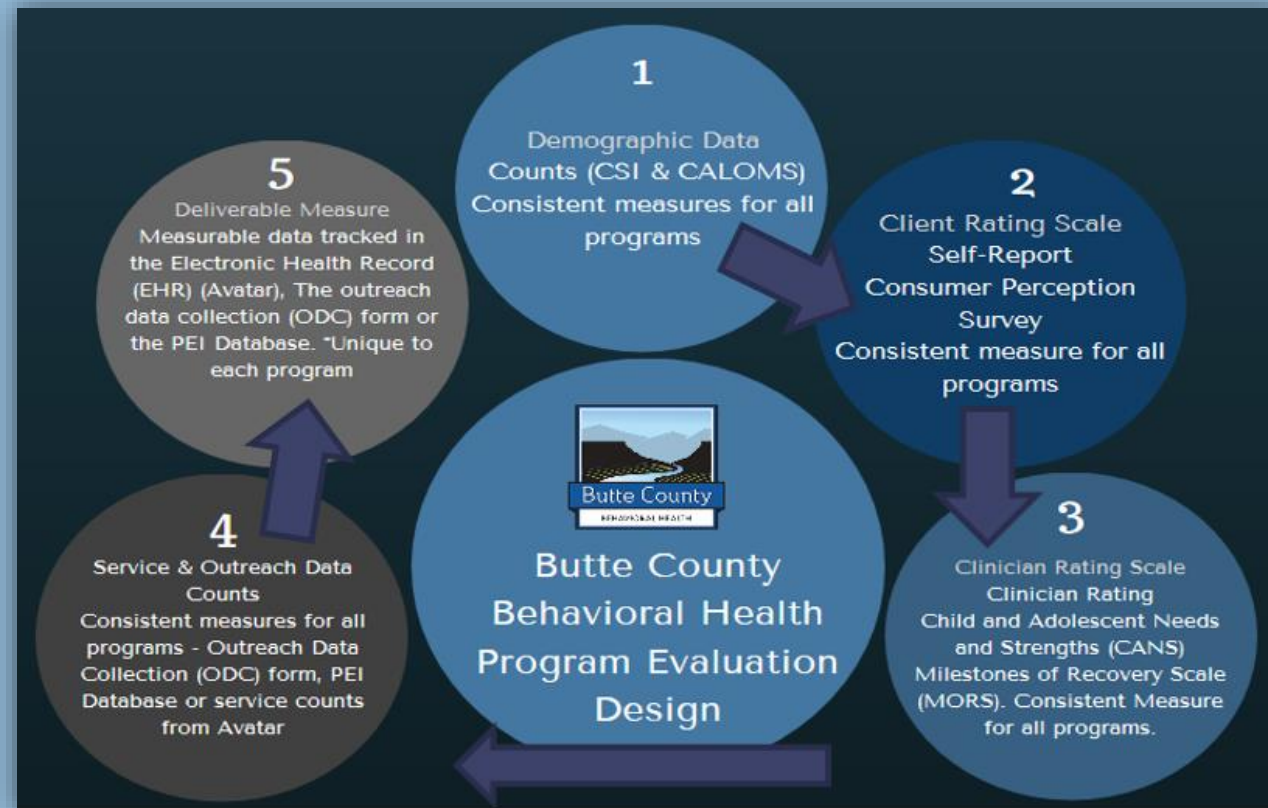
- History of the Systems Performance, Research and Evaluation Unit
- Creating a Data-Focused System
- Program Evaluation Design
- Component Specific Tools
- Program Collaboration
- Quarterly Review



WELLNESS • RECOVERY • RESILIENCE

History of SPRE

- What is SPRE?
- How did we come to be?
- How do we continue to exist and grow?



WELLNESS ● RECOVERY ● RESILIENCE

Creating a Data-Focused System

Educate Staff

- Who do we serve?
- Why does this data matter?
- What are data-driven decisions?
- How do those decisions affect me?

New Employee Orientation

- Mutual understanding
- Provides context

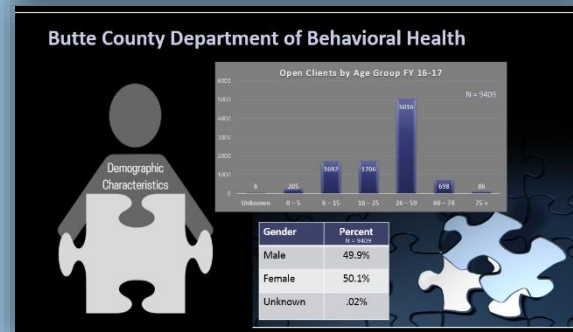
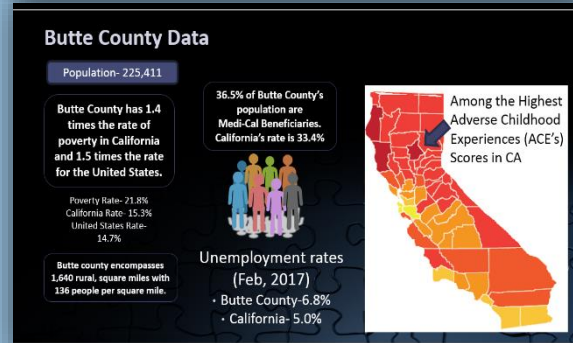
Education For All MHSA Providers

- Hands-on training

Putting the Pieces Together to Tell Our Story

Dr. Sésha Zinn, Psy.D.
Licensed Clinical Psychologist
Systems Performance, Research & Evaluations Manager

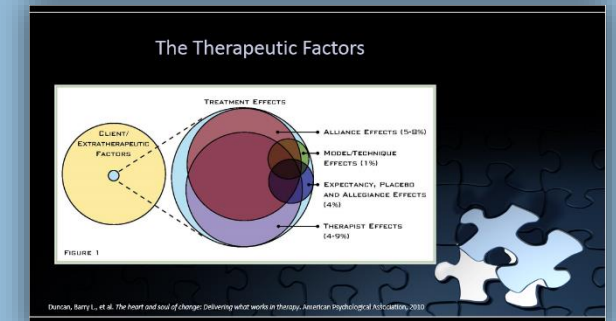
Butte County
BEHAVIORAL HEALTH



Outcome Measures Data Analytics

Dr. Sésha Zinn, Psy.D.
Licensed Clinical Psychologist
Systems Performance, Research & Evaluations Manager

Butte County
BEHAVIORAL HEALTH



Myths about Measures

- "Performance and outcome measures are a burden. They take up valuable time."
- "I want to help people, not to fill out forms."
- "There is no value-added to collecting and reporting data."
- "I just know when someone is improving or getting worse."
- "I don't want them to get a bill."

Helping Vs. Harming

Evaluation Design

Develop:

- Program description
- Desired outcomes
- Measurements
- Tools to capture the data

Considerations:

- Culture/demographic make-up
- Program characteristics
- Funding component
- Trauma-informed implementation

PEI

STONEWALL ALLIANCE CENTER

STATUS	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing
EMPHASIS	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
AGE GROUP	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> Transitional Age Youth (16-25)
	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
SERVICES/ACTIVITIES	<input type="checkbox"/> Access & Linkage	<input type="checkbox"/> Early Intervention
	<input type="checkbox"/> Outreach	<input type="checkbox"/> Prevention
	<input checked="" type="checkbox"/> Stigma & Discrimination	<input type="checkbox"/> Other

PROGRAM DESCRIPTION

Stonewall Alliance of Chico is a community center that supports and advocates for the Gender, Sex, and Sexuality Minority (GSSM) community. Stonewall provides suicide prevention, education, and outreach services throughout Butte County to youth and young adults, as well as their families, friends and allies. These services include low-cost/no-cost counseling for individuals, support and discussion groups, positive social and recreational activities, and referrals to allied service providers, organizations, agencies or institutions, and educational resources.

SAYes! Is a program specifically designed to prevent suicide by decreasing the stigma surrounding mental illness and increase access to mental health care services, while providing social and educational frameworks for youths and their families to embrace their diverse identities. SAYes! reduces mental health challenges, which research has shown to be much higher within the GSSM community when compared to the community at large.

OUTCOMES

1. Number of individuals served.
2. Include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.
3. Strategies:
 - a. Access and Linkage to Treatment.
 - b. Improving Timely Access to Services for Underserved Populations.
 - c. Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.

MEASUREMENTS

1. Non-distinct count of participants.
2. Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific program:
 - a. Pre/Post Presentation Survey
3. Include all Strategies as referenced in Section 3735.

Component Specific Tools



Butte County PEI Programs:

Prevention	Early Intervention	Outreach For Increasing Recognition Of Early Signs	Access & Linkage To Treatment	Stigma & Discrimination Reduction Program
AAFCC	PASSAGES	NAMI	WELCOMING TRIAGE & REFERRAL	STONEWALL
LIVE SPOT & PREVENTION			TALK LINE	
PROMOTORES				
ZOOSIAB				



WELLNESS ● RECOVERY ● RESILIENCE

Component Specific Tools

FILE HOME CREATE EXTERNAL DATA DATABASE TOOLS

View Paste Cut Copy Format Painter Views Clipboard

Filter Ascending Descending Selection Advanced Remove Sort Toggle Filter Sort & Filter

Refresh All New Save Spelling More Records

Find Go To Select Find

All Access Objects

Switchboard

PEI EARLY INTERVENTION DATABASE

- Enrollments Form
- Groups Form
- Service Log Form
- Staff Form
- Exit

tblAge_Group

tblCities

tblCommunity_Awareness

tblDisability

tblEducation

tblEmployment_Status

tblEnrollments

tblEthnicity

tblGender_Birth

tblGender_Current

tblGroup_Sign-In

tblLiving_Situation

tblParticipant_Type

tblPrimary_Language

tblPrograms

tblRace

tblResponder_Type

tblService_Log

tblService_Type

tblSexual_Orientation

tblStaff

Forms

- Enrollments Form
- Groups Form
- Service Log Form
- Staff Form
- Switchboard

Enrollments Form

Program:

First Name:

Please describe yourself:

Employment:

Age Group:

Gender (Birth):

Disability:

Other Disability:

Gender (Current):

Sexual Orientation:

Race:

Ethnicity:

Date Completed:

Last Name:

Living Situation:

Education:

Language:

How long ago did you or your family first notice mental health symptoms?

Weeks: # Months: # Years:

Residence City:

Other City:

Veteran Status:

Completed by Program Staff:

Participant ID: End Date:

Add Record Find Record Delete Record Save Record Close Form

FILEHOMECREATEEXTERNAL DATADATABASE TOOLS

ViewPasteCutCopyFormat Painter

Filter

AscendingDescendingAdvancedRemove SortToggle Filter

RefreshAllNewSaveDeleteMore

ReplaceGo ToSelect

Text Formatting

All Access Objects

Search

Tables

Switchboard Items

tblAge_GrouptblCitiestblCommunity_AwarenesstblDisabilitytblEducationtblEmployment_StatustblEnrollmentstblEthnicitytblGender_BirthtblGender_CurrenttblGroup_Sign-IntblLiving_SituationtblParticipant_TypetblPrimary_LanguagetblProgramstblRacetblResponder_TypetblService_LogtblService_TypetblSexual_OrientationtblStaff

Forms

Enrollments FormGroups FormService Log FormStaff FormSwitchboard

Switchboard

PEI EARLY INTERVENTION DATABASE

Enrollments Form

Groups Form

Service Log Form

Staff Form

Exit

GROUPS FORM

Program:

Staff:

Topic:

Group Description:

Date:

Start Time:

End Time:

Participants:

Responder Type:

Add Record

Find Record

Delete Record

Save Record

Close Form

FILE	HOME	CREATE	EXTERNAL DATA	DATABASE TOOLS
View	Cut Copy Format Painter	Filter	Ascending Descending Remove Sort	Selection Advanced Toggle Filter
Views	Clipboard	Sort & Filter	Refresh All Delete More	Records
Switchboard				
PEI EARLY INTERVENTION DATABASE				
<input type="checkbox"/> Enrollments Form				
<input type="checkbox"/> Groups Form				
<input checked="" type="checkbox"/> Service Log Form				
<input type="checkbox"/> Staff Form				
<input type="checkbox"/> Exit				

All Access Objects

Search

Tables

Switchboard Items

tblAge_Group

tblCities

tblCommunity_Awareness

tblDisability

tblEducation

tblEmployment_Status

tblEnrollments

tblEthnicity

tblGender_Birth

tblGender_Current

tblGroup_Sign-In

tblLiving_Situation

tblParticipant_Type

tblPrimary_Language

tblPrograms

tblRace

tblResponder_Type

tblService_Log

tblService_Type

tblSexual_Orientation

tblStaff

Forms

Enrollments Form

Groups Form

Service Log Form

Staff Form

Switchboard

SERVICE LOG FORM

Program:

Staff:

Service Date:

Service Type:

Other Description:

Participant:

Other Participant:

Start Time:

End Time:

Referral Made?

☐

Referred To:

Add Record

Find Record

Delete Record

Save Record

Close Form

Data Collection

- Universal Data: FY 18-19, all MHSA programs will be collecting PEI demographics.
- Adjust forms to meet the needs of the individual programs.

MENTAL HEALTH SERVICES ACT DEMOGRAPHICS
WHY DO WE NEED THIS INFORMATION? BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH (BCDBH) RECEIVES FUNDING FROM THE STATE AND IS REQUIRED TO REPORT WHO IS BEING SERVED. ALL THE INFORMATION YOU SUPPLY WILL BE USED TO ENSURE BCDBH IS GIVING SERVICES TO A VARIETY OF PEOPLE AND MEETING THE NEEDS OF THE COMMUNITY.
ALL INFORMATION IS KEPT CONFIDENTIAL.

MHSA PROGRAM: **DATE:**

FIRST NAME: **LAST NAME:** **DATE OF BIRTH:**

PLEASE DESCRIBE YOURSELF: ☐ SERVICE CONSUMER ☐ FAMILY MEMBER, CAREGIVER, FRIEND ☐ PROVIDER AGENCY
☐ BCDBH EMPLOYEE ☐ COUNTY DEPT OR STATE AGENCY ☐ OTHER ☐ DECLINE TO ANSWER

LIVING SITUATION: ☐ HOUSE OR APARTMENT ☐ FOSTER FAMILY HOME ☐ HOMELESS ☐ SNF/SUPPORTIVE LIVING

CLOSEST RESIDENT CITY: ☐ CHICO ☐ OROVILLE ☐ PARADISE ☐ GRIDLEY ☐ NOT A BUTTE COUNTY RESIDENT

EMPLOYMENT STATUS: ☐ FULL TIME ☐ PART TIME ☐ STUDENT ☐ UNEMPLOYED ☐ RETIRED ☐ SEEKING EMPLOYMENT

HIGHEST LEVEL OF EDUCATION COMPLETED: ☐ GRADE SCHOOL ☐ JUNIOR HIGH ☐ HIGH SCHOOL ☐ COLLEGE DEGREE ☐ MASTERS/PHD
☐ VOCATIONAL DEGREE/TRAINING ☐ NONE ☐ DECLINE TO ANSWER

AGE
SELECT ONE:
☐ 0-15 YEARS OLD
☐ 16-25 YEARS OLD
☐ 25-59 YEARS OLD
☐ 60+ YEARS OLD
☐ DECLINED TO ANSWER

LANGUAGE
SELECT ONE:
☐ ENGLISH ☐ HMONG
☐ SPANISH ☐ SIGN LANGUAGE
☐ OTHER ☐ DECLINED TO ANSWER

VETERAN STATUS
SELECT ONE:
☐ YES
☐ NO
☐ DECLINED TO ANSWER

GENDER (ASSIGNED AT BIRTH)
SELECT ONE:
☐ MALE
☐ FEMALE
☐ DECLINED TO ANSWER

HOW LONG AGO DID YOU NOTICE MENTAL HEALTH SYMPTOMS? **YEARS** ☐ **MONTHS** ☐ **NEVER** ☐ **DECLINE TO ANSWER** ☐

DISABILITY
SELECT AS MANY AS APPLY:
☐ DIFFICULTY SEEING
☐ DIFFICULTY HEARING OR HAVING SPEECH UNDERSTOOD
☐ MENTAL - LEARNING DISABILITY
☐ MENTAL - DEVELOPMENTAL DISABILITY
☐ MENTAL - DEMENTIA
☐ PHYSICAL/MOBILITY DISABILITY
☐ CHRONIC HEALTH CONDITION
☐ CHRONIC PAIN
☐ OTHER, PLEASE SPECIFY:
☐ DECLINE TO ANSWER
☐ NONE

GENDER (CURRENT IDENTITY)
SELECT ONE (DO NOT ANSWER IF UNDER THE AGE OF 12):
☐ MALE
☐ FEMALE
☐ TRANSGENDER
☐ GENDERQUEER
☐ QUESTIONING OR UNSURE
☐ ANOTHER GENDER IDENTITY
☐ DECLINE TO ANSWER

SEXUAL ORIENTATION
SELECT ONE (DO NOT ANSWER IF UNDER THE AGE OF 12):
☐ GAY OR LESBIAN
☐ HETEROSEXUAL OR STRAIGHT
☐ BISEXUAL
☐ QUESTIONING OR UNSURE
☐ QUEER
☐ ANOTHER SEXUAL ORIENTATION
☐ DECLINE TO ANSWER

ETHNICITY
SELECT ONE:
☐ AFRICAN
☐ ASIAN INDIAN/SOUTH ASIAN
☐ CAMBODIAN
☐ CARIBBEAN
☐ CENTRAL AMERICAN
☐ CHINESE
☐ EASTERN EUROPEAN
☐ EUROPEAN
☐ FILIPINO

RACE
SELECT ONE:
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ ASIAN
☐ BLACK OR AFRICAN AMERICAN
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ WHITE
☐ MORE THAN ONE RACE
☐ DECLINED TO ANSWER

☐ JAPANESE
☐ KOREAN
☐ MEXICAN/MEXICAN-AMERICAN/CHICANO
☐ MIDDLE EASTERN
☐ PUERTO RICAN
☐ SOUTH AMERICAN
☐ VIETNAMESE
☐ OTHER NON-HISPANIC/LATINO
☐ OTHER HISPANIC/LATINO
☐ MORE THAN ONE ETHNICITY
☐ DECLINE TO ANSWER



WELLNESS • RECOVERY • RESILIENCE


Perception Survey

Please circle the number to each of the following statements that indicates your level of agreement or disagreement with the statement. As indicated below you will do this **before** and **after** the presentation.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Self-Assessment of Knowledge Related To Stonewall:	Before Presentation				
I know of resources available to our LGBTQ+ community.	1	2	3	4	5
I have a strong understanding of LGBTQ+ identities.	1	2	3	4	5
I have compassion for the LGBTQ+ community.	1	2	3	4	5
I believe I have a strong understanding of mental health issues that affect the LGBTQ+ community.	1	2	3	4	5
I have a strong understanding of how to be an ally for the LGBTQ+ community.	1	2	3	4	5
I can identify specific mental health resources accessible for LGBTQ+ identified people.	1	2	3	4	5
I am aware of the social circumstances that influence death by suicide among the LGBTQ+ population.	1	2	3	4	5
I can identify suicide prevention resources accessible for LGBTQ+ identified people.	1	2	3	4	5

CONTACT LOG FOR NAMI
(OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS)



PREVENTION & EARLY INTERVENTION (PEI) CONTACT LOG

PROGRAM:

STAFF MEMBER:

MONTH/YEAR:

DATE	SERVICE TYPE	OTHER DESCRIPTION	PARTICIPANT NAME	TIME (MINUTES)	REFERRAL MADE	REFERRED TO

CLEAR FORM

PRINT

FOR INTERNAL USE ONLY

DATE ENTERED:

Program Collaboration



- Quarterly meetings review:
 - program description
 - data collected
 - analyze trends
 - address any issues/concerns
- Continuously evaluate data/program changes as needed
- Technical assistance and training as requested
- Scope of work includes data submission expectations and timelines



WELLNESS • RECOVERY • RESILIENCE

Quarterly Review

OUTCOME DATA

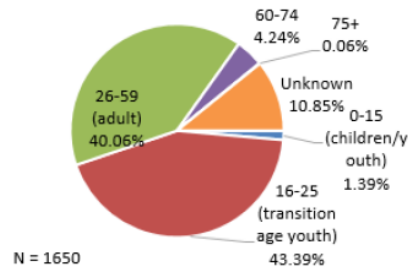
LGBTQ OUTREACH, EDUCATION, TRAINING & SUICIDE
PREVENTION – STONEWALL ALLIANCE

Outcome 1: Number of individuals served

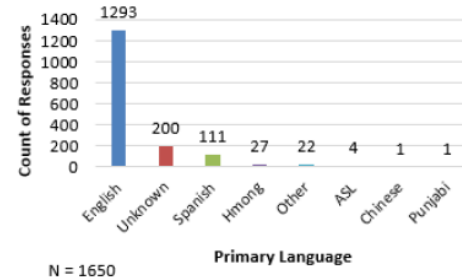
DEMOGRAPHICS OF NON-DISTINCT PARTICIPANTS SERVED FY 16-17

Number Served: 1650

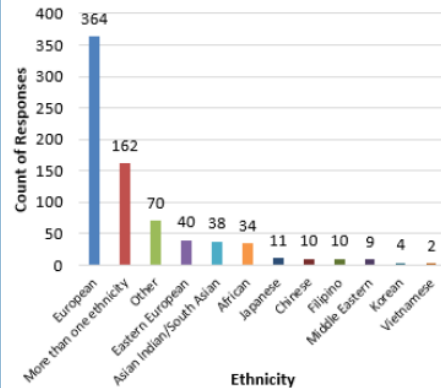
AGE GROUP



PRIMARY LANGUAGE

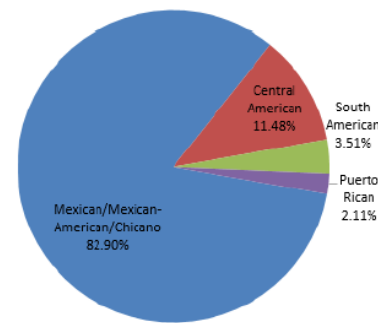


ETHNICITY (Non-Hispanic/Non-Latino)



*Respondents may be of hispanic/latino ethnicity only

ETHNICITY (Hispanic/Latino)



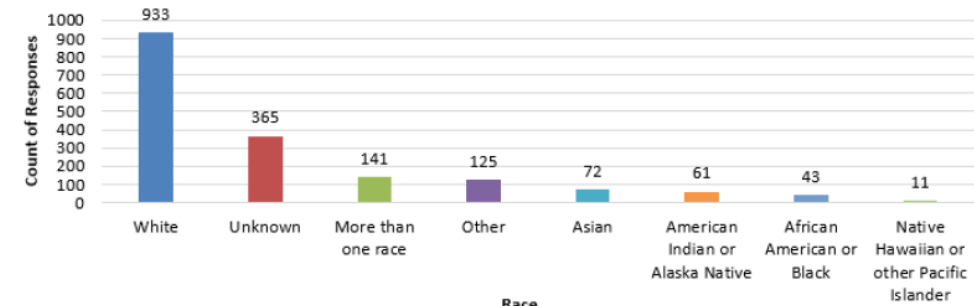
*Respondents may be of non-hispanic/non-latino ethnicity only

OUTCOME DATA

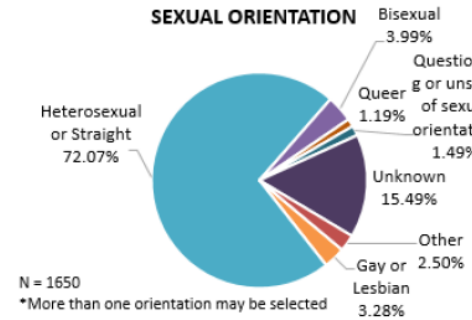
LGBTQ OUTREACH, EDUCATION, TRAINING & SUICIDE
PREVENTION

Outcome 1: Number of individuals served.

RACE

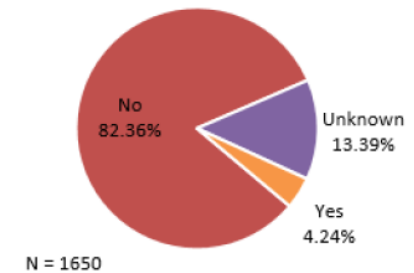


SEXUAL ORIENTATION

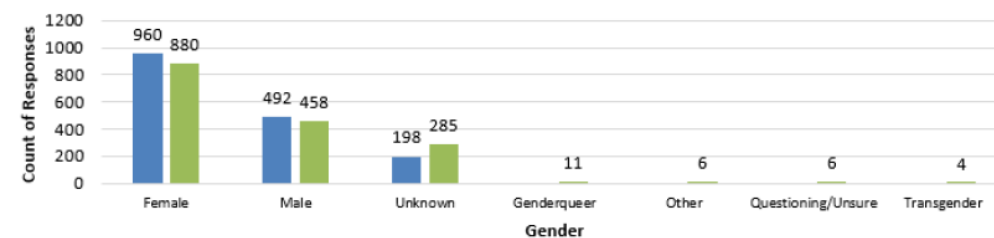


*More than one orientation may be selected

VETERAN STATUS



GENDER



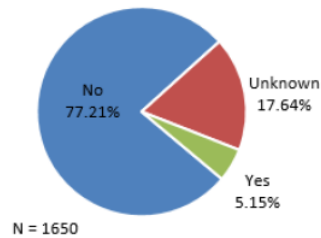
Quarterly Review

OUTCOME DATA

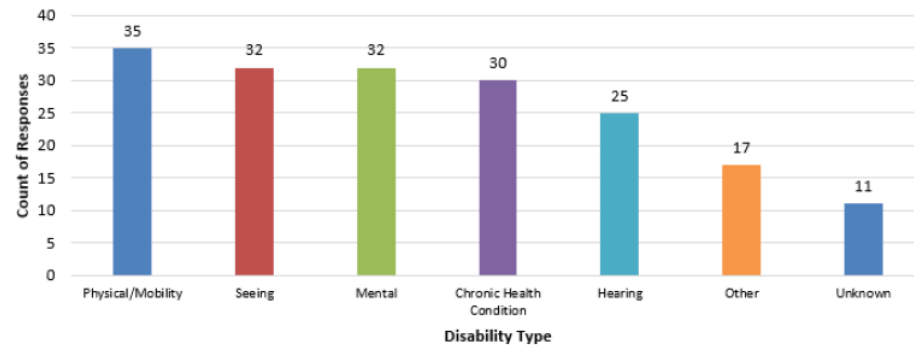
LGBTQ OUTREACH, EDUCATION, TRAINING & SUICIDE PREVENTION

Outcome 1: Number of individuals served.

DISABILITY STATUS



DISABILITY TYPE



Outcome 2: Strategies:

Be designed and implemented to help create Access and Linkage to treatment.

The Stonewall Alliance program distributes referral information face-to-face at every training, tabling event, outreach event, as well as electronically through Facebook, program websites and emails. The center and staff provide specific referrals to: BCDBH, crisis services, counseling services, Stonewall program services, as well as countless community affiliates. These referrals are provided through trainings administered by the program staff to agencies that need assistance in expanding their knowledge of the GSM community and how to better serve them.

OUTCOME DATA

LGBTQ OUTREACH, EDUCATION, TRAINING & SUICIDE PREVENTION

Outcome 2: Strategies:

Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for individuals and/or families from underserved populations.

The goal of Stonewall Alliance is that its *direct services* (counseling and support groups) is ultimately to improve the mental health, wellness, resilience, and recovery for members of our community. To facilitate this, the programs *indirect services* (outreach and education, subgroup-specific provider training, referrals and linkages, social supports, and events) aim to provide the earliest possible access to culturally competent services. Combined, the impact of these two services will measurably *reduce disparities in mental health services for the rural LGBTQ population we serve*. When making referrals we often state specific people to contact that are more open and aware of the needs of the community to help cut out potential obstacles. Stonewall Alliance also provides insightful information about the best ways to go about accessing the services needed. Warm hand offs are made to the appropriate providers, through coordination of care between the centers groups, counseling program advocacy coordinators, and outside agencies. Which in turn strengthens the collaboration with other agencies to provide a wider range of services.

Be designed, implemented, and promoted using Strategies that are non-stigmatizing and non-discriminatory.

The Stonewall Alliance trainings are about being safe, non-stigmatizing and non-discriminatory. The staff teach how to be a good ally, how to be accepting, use proper language, listening and using language and identities that are given by the consumer. Stonewall Alliance of Chico is a LGBTQ community-based, community-driven organization founded, directed, and managed by local LGBTQ people and their allies, and represents the demographics of the broader LGBTQ community. All staff, board members, and volunteers are required to attend diversity training prior to service. In addition, Stonewall is an active member of the Butte County Behavioral Health Cultural Competence Committee and we partner with Promotores which provides services to the Hispanic and Hmong communities in our area. The center also works with the Hmong Cultural Center and the African American Family Cultural Center in Oroville.

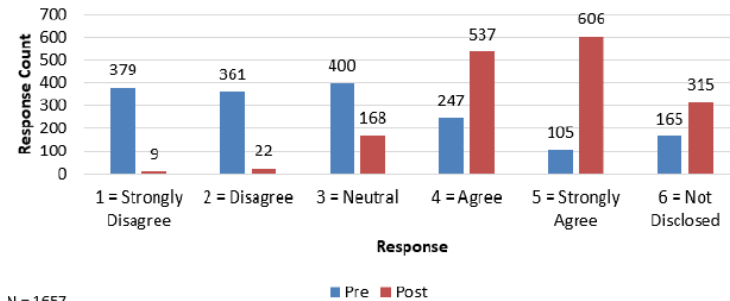
Quarterly Review

OUTCOME DATA

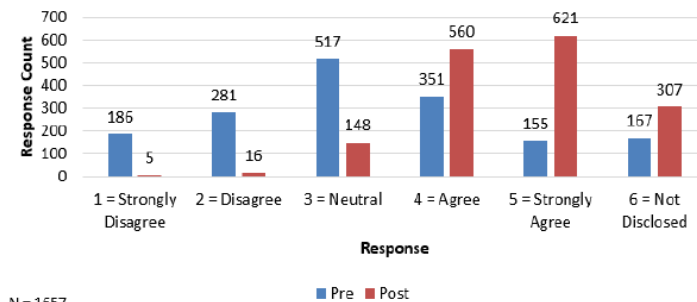
LGBTQ OUTREACH, EDUCATION, TRAINING & SUICIDE PREVENTION – STONEWALL ALLIANCE

Outcome 3: Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the program – 1657 pre/post surveys were collected.

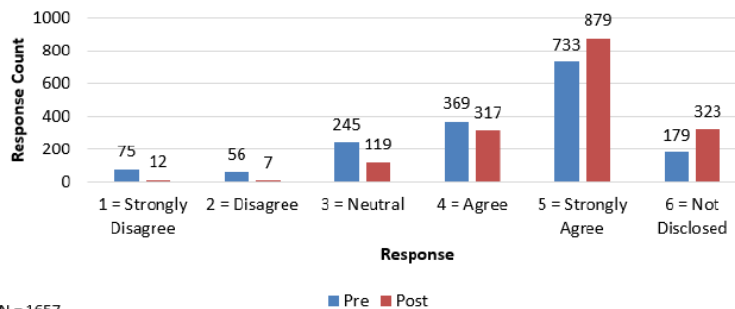
KNOWLEDGE OF RESOURCES AVAILABLE TO OUR LGBTQ+ COMMUNITY



A STRONG UNDERSTANDING OF LGBTQ+ IDENTITIES



HAVING COMPASSION FOR THE LGBTQ+ COMMUNITY

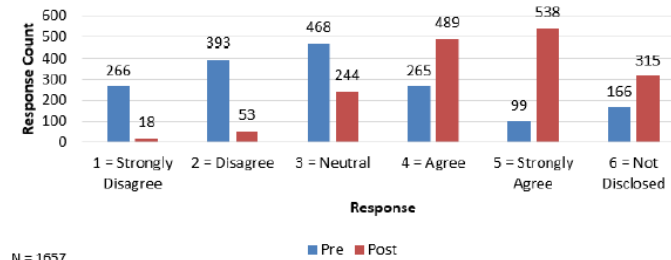


OUTCOME DATA

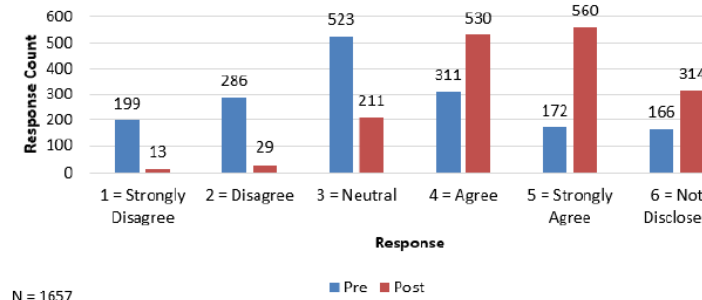
LGBTQ OUTREACH, EDUCATION, TRAINING & SUICIDE PREVENTION – STONEWALL ALLIANCE

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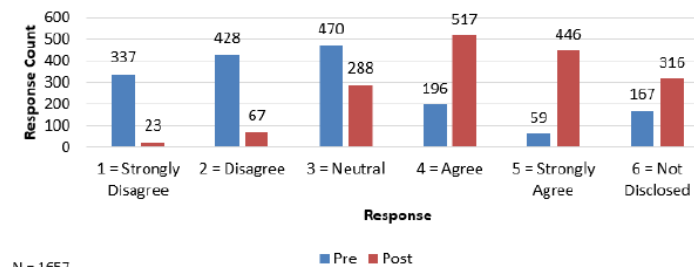
ABILITY TO IDENTIFY SUICIDE PREVENTION RESOURCES ACCESSIBLE FOR LGBTQ+ IDENTIFIED



UNDERSTANDING OF HOW TO BE AN ALLY FOR THE LGBTQ+ COMMUNITY



ABLE TO IDENTIFY SPECIFIC MENTAL HEALTH RESOURCES ACCESSIBLE FOR LGBTQ+ IDENTIFIED



Thank You!



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WELLNESS • RECOVERY • RESILIENCE

Value of Evaluations & Available Resources

- ▶ Brian Sala, Ph.D.
Deputy Director of Evaluations and Program Operations
Mental Health Services Oversight and Accountability Commission

Questions & Answers

Closing

- ▶ Webinar PowerPoints & Audio / Q&A Document
- ▶ Future Learning Collaborative Events
- ▶ Contact Information:

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